

JUDGE'S COPY  
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DC-135A

HARRISBURG, PA

COMMONWEALTH OF PENNSYLVANIA

JUL 16 2002

DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

MARY E. D'ANDREA, CLERK

Per

Deputy Clerk

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Joseph Mataloni Health care administrator

2. DATE

5-6-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

Phan Hue DY0577

4. COUNSELOR'S NAME

Ms Simmons

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

A-Block AA10

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I am not aware if I have Been taken off of medical Restriction due to my still present shoulder condition. I have been put back to work in the kitchen and at Block janitorial labor. I am having terrible pain in shoulder and slight numbness in lower part of right arm. I was last referred to a outside physician by the DOC medical doctor because Injury was to technical to treat in house. The outside doctor said I would need to see a Bone specialists for proper treatment and/or diagnosis. This has not Been done and I feel that I am being denied proper medical services. Please respond soon as can

Thank you

Phan Hue

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr Hue,

Sign-up An sick - call + Ask the PA about work restrictions He will Address your concerns.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

JAA

J. NATALONI, CHCA

DATE

5/10/00

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <del>Education</del> <del>Mrs. Warrington's department.</del>		2. Date: 3-11-2	
3. By: (Print Inmate Name and Number) Phan Hue DY0577		4. Counselor's Name Miller	
Inmate Signature		5. Unit Manager's Name Hazlak	
6. Work Assignment Laundry		7. Housing Assignment HA 19	
8. Subject: State your request completely but briefly. Give details.			
I was wondering if you still has my test scores of my tube test. I think it was back in September of 1999. I want to know my scores for Reading and Writing in English.			
I was in MRS. Graults class for a period of time.			
Would you please write in my past scores or any proof of my Education.			
9. Response: (This Section for Staff Response Only)			
Mr. Hue,			
I'm unable to find a hard copy of any TABE you have taken here at SCT Retreat. My Computer Based Educational Report shows you took a TABE on 12/18/06. I suspect it was administered by Mrs. Grault. Possibly you could write to her for assistance.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

J. Warrington  
Sign

Date

03/13/02

<b>DC-141</b> Rev. 6-84 DISCIPLINARY HEARING REPORT		<b>PART II B</b>		<b>COMMONWEALTH OF PENNSYLVANIA</b> <b>DEPARTMENT OF CORRECTIONS</b>			
DC Number <b>DY0577</b>	Name <b>Phan</b>	Institution <b>SLINT</b>	Hearing Date <b>01 May 00</b>	Hearing Time <b>1300 hrs</b>	No. from Part I 		
INMATE PLEA <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty		<input type="checkbox"/> No Plea <input type="checkbox"/> Other		Verdict <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty			
<b>HEARING ACTION</b>							
CHARGES <b>Class I Category B #39, Refusing to work</b>							
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED <div style="text-align: right; margin-right: 50px;"><b>01 May 00</b></div> <p style="font-size: 1.2em; margin-top: 20px;"> <i>This is an informal resolution.              Return to work in kitchen              and              3 days of cleaning showers, &amp; pay              effective May 3, 2000 through May 5, 2000</i> </p>							
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		The inmate has heard the decision and has been told the reason for it and what will happen. The circumstances of the charge have been read and fully explained to the inmate. The opportunity to have the inmate's version reported as part of the record was given. The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.				SEE APPENDICES <input type="checkbox"/>	
NAME(S) OF HEARING EXAMINER/COMMITTEE (TYPED OR PRINTED)		Hearing Report and all appended information must be signed. Signature indicates finished report with appendices. <div style="text-align: center; margin-top: 10px;"> </div> SIGNATURE OF HEARING EXAMINER/COORDINATOR					

Form DC-135A  <b>INMATE'S REQUEST TO STAFF MEMBER</b>	Commonwealth of Pennsylvania Department of Corrections  <b>INSTRUCTIONS</b> Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Jos. Lengyel / Griev. Coord.</i>	2. Date: <i>2-15-02</i>
3. By: (Print Inmate Name and Number) <i>Hue Phan, DY-0577</i> <i>Hue Phan</i> Inmate Signature	4. Counselor's Name, <i>Miller</i>  5. Unit Manager's Name <i>H22/K</i>
6. Work Assignment <i>Laundry</i>	7. Housing Assignment <i>AA-19</i>
8. Subject: State your request completely but briefly. Give details. <i>Sir, I need a photocopy of the grievance &amp; subsequent review of same. I'll determine the costs.</i>	
9. Response: (This Section for Staff Response Only) <i>You should take your copy to the library to have it done.</i>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

Print

Sign

Date

*2-20-02*

19

Form DC-135A

Commonwealth of Pennsylvania  
Department of Corrections

## INMATE'S REQUEST TO STAFF MEMBER

## INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer) Lungor  
Grievance Accordinater

2. Date:

3-11-2

3. By: (Print Inmate Name and Number)

Phan Hue DY0577

4. Counselor's Name

Miller

5. Unit Manager's Name

Hazlak

Inmate Signature

6. Work Assignment

Laundry.

7. Housing Assignment

AA 19

8. Subject: State your request completely but briefly. Give details.

I had filed a grievance back in 2000, April 12, 2000. And I want a copy of the resolution results. I was never given a copy in the past as too date. Here is my grievance Number Ret. 0112-00. It is for my person record. I was a Kitchen worker then. I will pay the cost of the photo copy or copies.

Thank you

9. Response: (This Section for Staff Response Only)

M. Hue,Copy of summe is attached

RECEIVED

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☒Staff Member Name  
SUPERVISOR  
OFFICE

Print

E. Klen

Sign

S. MillerDate 3/12/02



Form DC-135A  <b>INMATE'S REQUEST TO STAFF MEMBER</b>	Commonwealth of Pennsylvania Department of Corrections  <b>INSTRUCTIONS</b> Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>Jos. Lengyel, Griev. Coord.</u>	2. Date: <u>2-15-02</u>
3. By: (Print Inmate Name and Number) <u>Hue Phan, DY-0577</u> <u>Hue Phan</u> Inmate Signature	4. Counselor's Name, <u>Miller</u> 5. Unit Manager's Name <u>Hartzel</u>
6. Work Assignment <u>Laundry</u>	7. Housing Assignment <u>AA-19</u>
8. Subject: State your request completely but briefly. Give details. <u>Sir, I need a photocopy of the</u> <u>Grievance &amp; subsequent review of</u> <u>same. I'll determine the costs.</u>	
9. Response (This Section for Staff Response Only) <u>You should take your copy to the library to</u> <u>have it done.</u>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

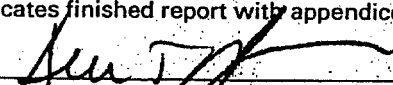
Staff Member Name

Print

Sign

Date

2-20-02

<b>DC-141</b> Rev. 6-84 <b>DISCIPLINARY HEARING REPORT</b>		<b>PART II B</b>  <b>COMMONWEALTH OF PENNSYLVANIA</b> <b>DEPARTMENT OF CORRECTIONS</b>			
DC Number <b>DY0577</b>	Name <b>Pham</b>	Institution <b>SLC IT</b>	Hearing Date <b>01 May 00</b>	Hearing Time <b>1300 hrs</b>	No. from Part I 
INMATE PLEA	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
HEARING ACTION					
CHARGES <b>Class I Category B #39, Refusing to work</b>					
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED  <div style="text-align: right; margin-right: 50px;"><b>01 May 00</b></div> <p style="font-size: 1.2em;">This is an informal resolution          Return to work in kitchen          and</p> <p style="font-size: 1.2em;">3 days of cleaning showers, &amp; pay          effective May 3, 2000 through May 5, 2000</p>					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		The inmate has heard the decision and has been told the reason for it and what will happen. The circumstances of the charge have been read and fully explained to the inmate. The opportunity to have the inmate's version reported as part of the record was given. The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.		SEE APPENDICES <input type="checkbox"/>	
NAME(S) OF HEARING EXAMINER/COMMITTEE (TYPED OR PRINTED)		Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.  <div style="text-align: center;">           SIGNATURE OF HEARING EXAMINER/COORDINATOR       </div>			

Form DC-135A  <b>INMATE'S REQUEST TO STAFF MEMBER</b>	Commonwealth of Pennsylvania Department of Corrections  <b>INSTRUCTIONS</b> Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>Grievance Coordinator</u>	2. Date: <u>4-8-2</u>
3. By: (Print Inmate Name and Number) <u>Phan Hue DY0577</u>  _____ Inmate Signature	4. Counselor's Name <u>Miller</u> 5. Unit Manager's Name <u>Hazlak</u>
6. Work Assignment	7. Housing Assignment <u>A-Unit</u>
8. Subject: State your request completely but briefly. Give details. <u>This request is regarding a copy of the determination of my grievance No. 0185-00. And A copy of the actual grievance when it was filed. Langyel abused me this type of materials when he was here.</u>  <u>Klem gave me copies of my other grievance.</u>	
9. Response: (This Section for Staff Response Only) Mr. Phan Hue: Per DOC Policy, the following charges will be imposed for reproduction of records maintained on paper - a fee of \$1.00 for the first page and \$.25 per page thereafter. So, if you submit 3 signed Cash Slips for \$1.25 to the Grievance Coordinator, your Grievance #RET 0185-00 will be copied and sent to you. c: Ms. O'Day Mrs. Sheetz Mr. Hazlak File	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input checked="" type="checkbox"/>

Staff Member Name

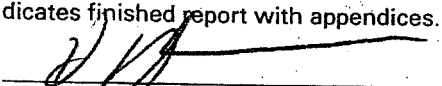
E. Klem  
Print

E. Klem  
Sign

Date

4/14/02



DC-141 Rev. 6-84 DISCIPLINARY HEARING REPORT		PART II B COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
DC Number <b>DY0577</b>	Name <b>Phan, Huy</b>	Institution <b>SC10A</b>	Hearing Date <b>17 Dec 01</b>	Hearing Time <b>11 20 hr</b>	No. from P <b>41619</b>
INMATE PLEA	<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input checked="" type="checkbox"/> Informal Resolution
CHARGES <b>II, C, #52 any violation of a rule or regulation in the inmate handbook not specified as a class 1 misconduct charge. Specifically DC-ADM 803 DL procedure A. 3, b</b>					
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED <b>Informal resolution hearing held.</b> <b>Inmate counseled about this conduct.</b> <b>Sanction: Loss of Privileges 7 Days</b> <b>no yard, no dayroom, no gym</b> <b>may start upon return to the unit from work.</b> <b>Start: 17 Dec 01 end: 23 Dec 01</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		The inmate has heard the decision and has been told the reason for it and what will happen. The circumstances of the charge have been read and fully explained to the inmate. The opportunity to have the inmate's version reported as part of the record was given. The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.			SEE APPENDICES <input type="checkbox"/>
NAME(S) OF HEARING EXAMINER/COMMITTEE (TYPED OR PRINTED) <b>D. HAZLA/L</b>		Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.  SIGNATURE OF HEARING EXAMINER/COORDINATOR			

FORM DC-141 PART 1 Rev 3/00		<b>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS</b>				416198	
<input type="checkbox"/> MISCONDUCT REPORT <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DC-ADM 801 INFORMAL RESOLUTION							
DC Number <b>DY0577</b>	Name <b>Phan</b>	Institution <b>SCI-RT</b>	Incident Time 24 Hr. Base <b>N/A</b>	Incident Date	Date of Report <b>12-12-01</b>		
Quarters <b>AA1490</b>	Place of Incident <b>N/A</b>						
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)							
DC Number	Name	I	W	DC Number	Name	I	W
	<b>Noren</b>	<b>/</b>					
MISCONDUCT CHARGE OR OTHER ACTION <b>C CLASS II #52 Any violation of a rule or regulation in the Inmate Handbook not specified as a Class I misconduct charge. SPECIFICALLY DC-ADM 803 VI Procedures A. 3 b</b>							
STAFF MEMBER'S VERSION							
Inmate Phan admitted to entering into a business type transaction with inmate Noren, CX3545, and Noren's mother. Phan granted Power of Attorney to the Norens and all agreed to split proceeds from a property owned by Phan. Inmates are prohibited from transferring or receiving monies or things with value to other inmates or their families without prior approval of the Facility Managers. An attempt to do so is the same as the act. Delay in writing misconduct due to discovery and investigation. <i>Informal resolution Henry held 17 Dec 01</i> <i>D. H. / ml</i>							
IMMEDIATE ACTION TAKEN AND REASON <b>Continue present status and refer to Unit Manager <del>for</del> <sup>mark</sup> for informal resolution</b>							
PRE-HEARING CONFINEMENT				FORMS GIVEN TO INMATE			
IF YES				<input type="checkbox"/> REQUEST FOR WITNESSES AND REPRESENTATION <input type="checkbox"/> INMATE'S VERSION			
<input type="checkbox"/> YES	TIME	DATE					
<input checked="" type="checkbox"/> NO							
REPORTING STAFF MEMBER SIGNATURE AND TITLE <i>M. L. K. / COIV</i>		ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY <i>M. L. K. / COIV</i>		DATE AND TIME INMATE GIVEN COPY DATE    TIME 24 HOUR BASE			
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE    TIME		MISCONDUCT CATEGORY <input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2		Signature of Person Serving Notice			
NOTICE TO INMATE You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.							

WHITE — DC-15

YELLOW — Inmate

PINK — Reporting Staff Member

GOLDENROD — Deputy Superintendent Facility Management

DC-141,

PART II B

COMMONWEALTH OF PENNSYLVANIA

Rev. 6-84

DISCIPLINARY HEARING REPORT

DEPARTMENT OF CORRECTIONS

DC Number	Name	Institution	Hearing Date	Hearing Time	No. from Part
SV0577	PHAN	SCIRT	12-14-01	1821	409803

INMATE  
PLEA
☐ Guilty  
☐ Not Guilty

☐ No Plea  
☐ Other

Verdict

☐ Guilty  
☐ Not Guilty

## HEARING ACTION

CHARGES #52

## FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Charge dismissed without prejudice.  
Hearing was done informally.

☒ YES☐ NO

The inmate has heard the decision and has been told the reason for it and what will happen.

☒ YES☐ NO

The circumstances of the charge have been read and fully explained to the inmate.

☒ YES☐ NO

The opportunity to have the inmate's version reported as part of the record was given.

☒ YES☐ NO

The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.

SEE APPENDICES

☐NAME(S) OF HEARING EXAMINER/COMMITTEE  
(TYPED OR PRINTED)

DONALD J. JONES

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

SIGNATURE OF HEARING EXAMINER/COORDINATOR

WHITE—DC-15

YELLOW—Inmate Cited

PINK—Staff Member Reporting Misconduct

GOLDENROD—Deputy Superintendent

FORM DC-141 PART 1  
Rev 3/00COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS

409803

☒ MISCONDUCT REPORT ☐ OTHER ☐ DC-ADM:801 INFORMAL RESOLUTION

DC Number <i>BY-0577</i>	Name <i>PHAN</i>	Institution <i>SCI-17</i>	Incident Time 24 Hr. Base <i>1530</i>	Incident Date <i>12-11-01</i>	Date of Report <i>12-11-01</i>
Quarters <i>A</i>	Place of Incident				

## OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

DC Number	Name	I	W	DC Number	Name	I	W
	<i>CAPT HOOVER</i>		<input checked="" type="checkbox"/>				

MISCONDUCT CHARGE OR OTHER ACTION *// DC-ADM 803 VI A 3 B # 52**ANY VIOLATION OF A RULE OR REGULATION IN THE INMATE HANDBOOK  
NOT SPECIFIED A CLASS I MISCONDUCT.*STAFF MEMBER'S VERSION *BY-0577 PHAN IS IN VIOLATION OF DC-ADM 803  
VI A 3 B IN WHICH IIM PHAN GRANTED POWER OF ATTORNEY  
TO THE FATHER OF CX-3545 HORN FOR THE PURPOSE OF  
SHARING IN PROFIT FROM A BUILDING IIM PHAN OWNED IN  
PHILA.**INMATES ARE NOT ALLOWED TO ENGAGE IN ANY BUSINESS  
WITH OTHER INMATES OR THEIR FAMILIES*

## IMMEDIATE ACTION TAKEN AND REASON

*Refer to Hearing Examiner because  
Severity of misconduct*

PRE-HEARING CONFINEMENT		
	IF YES	
<input type="checkbox"/> YES	TIME	DATE
<input type="checkbox"/> NO		

REPORTING STAFF MEMBER SIGNATURE AND TITLE <i>LT B. H.</i>	ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY SIGNATURE AND TITLE <i>Capt Miller C.O. IV</i>	FORMS GIVEN TO INMATE <input checked="" type="checkbox"/> REQUEST FOR WITNESSES AND REPRESENTATION <input checked="" type="checkbox"/> INMATE'S VERSION	DATE AND TIME INMATE GIVEN COPY DATE TIME 24 HOUR BASE <i>12-11-01 1900</i>
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE TIME <i>12-13-01 0900</i>		MISCONDUCT CATEGORY <input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2	Signature of Person Serving Notice <i>ZABRETSKY</i>

NOTICE TO INMATE

You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.

WHITE — DC-15 YELLOW — Inmate PINK — Reporting Staff Member GOLDENROD — Deputy Superintendent Facility Management

DC-804  
PART IICOMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

RET 0112-00

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
HUE PHAN, DY-0577	SCI-RETREAT	A-UNIT	4/12/00

The following is a summary of my findings regarding your grievance:

This Grievance was referred to Mr. Mataloni, designated Grievance Officer for this type of Grievance.

Mr. Mataloni reports, "What medication is given and for how long is the decision of the M.D. or P.A. This is a medical decision made by the Practitioners."

If you are having problem with your medication, you should sign up for Sick Call again.

JLL/mts

Refer to DC-ADM 804, Section VIII,  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

DATE



4-14-2000



DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

RET0112-00

TO: GRIEVANCE COORDINATOR	INSTITUTION SCI Retreat	DATE 4-13-00
FROM: (Commitment Name & Number) HUE PHAN DY 0577	INMATE'S SIGNATURE <i>[Signature]</i>	
WORK ASSIGNMENT (Previous) Kitchen worker	QUARTERS ASSIGNMENT A-A-10	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

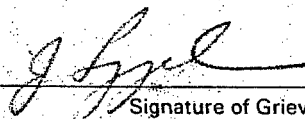
## A. Brief, clear statement of grievance:

I am filing this grievance towards MATT ALBANI head of the medical Department because I had an accident in the kitchen where I went to work Feb 28 2000 on the 11th floor. I fell my shoulder and my teeth were broken. I fell my shoulder was hurt at a doctor at an outside hospital he said it was not broke but I want to see a Bone Specialist I was given pain medication when I was taken off it after a month I'm still having trouble pain in my shoulder I have went to see CMC a number amount of times and the resident physicians tell me I'm okay and I don't need a sling or medication anymore. I cannot hardly move my shoulder I explained all of the complications I'm having and they will not take anything is wrong, or I am ill it has to be a Bone Specialist I just want a Bone Doctor till they do something.

## B. Actions taken and staff you have contacted before submitting this grievance:

Have went to see CMC, saw the Assistant Physician, he never help me see a Doctor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

4-13-00

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

TO: GRIEVANCE COORDINATOR <u>Joseph Lenayel</u>	INSTITUTION <u>SCI Retreat</u>	DATE <u>1/23/01</u>
FROM: (Commitment Name & Number) <u>William Locke EA-1991</u>	INMATE'S SIGNATURE <u>William Locke</u>	
WORK ASSIGNMENT _____	QUARTERS ASSIGNMENT <u>CB-53</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

2 - In which I'd suffered from a gun shot wound in 1996. And after several days of medical attention. P.A James stated that I had recieved a slight concussion. Point in fact, while I was laying on the floor waiting for the medical staff too transport me to the infirmary. Sgt. SERVON nearly took a major fall himself in the same area but he managed to regain his balance by quickly grasping onto a nearby metal pole. Due to the fact, that I have to go to the cafeteria to get my meals again I try to go up to the cafeteria as least as possible because since my return to population every single time that I've struggled to go up there the same area is still continuously dripping liquids onto the floor as if my incident never happened + no one is in charge of monitoring the hazardous area. I would like to sincerely suggest that s...

## B. Actions taken and staff you have contacted before submitting this grievance:

Investigate the above matter with diligence as soon as possible to avoid any further injuries to the inmates or staff. I also look forward to a immediate response ... Respectfully Thanking you in Advance  
William Locke EA-1991

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

1-25-01  
Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

RET0112-00

TO: GRIEVANCE COORDINATOR	INSTITUTION SLI Retreat	DATE 4-12-2000
FROM: (Commitment Name & Number) HUE PHAN DY 0577	INMATE'S SIGNATURE 	
WORK ASSIGNMENT (Previous) Kitchen Worker	QUARTERS ASSIGNMENT A-A-10	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

## A. Brief, clear statement of grievance:

I'm Filing this grievance towards MATT Ahoni head of the medical Department. Because I had an accident in the kitchen where I used to work Feb. 26, 2000 was the Date. I hurt my shoulder and my teeth were Broke when I fell. My shoulder was locked at by a Doctor at an outside hospital, he said it was not broke but I need to see a Bone Specialist I was given pain medication, then I was taken off it after a month. I'm still having terrible pain in my shoulder, I have went to sick call a numerous amount of times and the assistant physician tells me I'm okay and I don't need a sling or medication no more. I cannot hardly move my shoulder I explained all of the complications I am having and they will not listen. Something is wrong, or I wouldn't have to see a Bone Specialist. I just want a Pain Reliever till they do something.

## B. Actions taken and staff you have contacted before submitting this grievance:

Have went to sick call, seen the Assistant Physician, he never lets me see a Doctor.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

4-13-00

Date

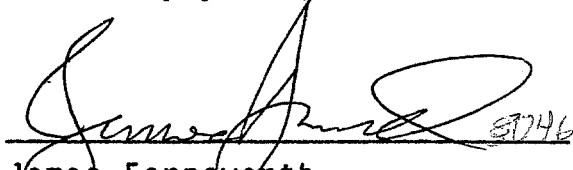
James Farnsworth  
660 State Route 11  
Hunlock Creek, PA 18621

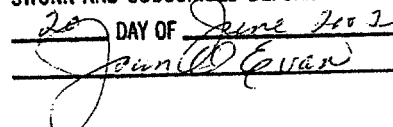
Dated: June, 20th, 2002

To whom it may concern,

On February 28, 2000, I, James Farnsworth, saw Mr. Phan Hue in an arm sling after a fall in the kitchen at the State Correctional Institution - Retreat. After not working in the kitchen for awhile because of the injury he suffered. Around the middle of May of 2000, Mr. Dale T. Hazlak, Unit Manager of A-block, served him with a disciplinary misconduct report form (DC-141) for not working with his injured shoulder. Mr. Hazlak sentenced him to work on the block of A-unit. I saw Mr. Hue mopping the floor and cleaning the showers with one arm and the other arm in a sling. He had his shoulder looked at by the doctors here at this institution, but I think that there is still something wrong with his shoulder. Because when I put my hand on his shoulder and told him to move it around, I could feel it popping and grinding. Also, there are no physical scars near or around his shoulder from any operation that was to have been done on his shoulder.

Sincerely yours,

  
James Farnsworth  
(without prejudice)

SWORN AND SUBSCRIBED BEFORE ME THIS  
20 DAY OF June 2002  


NOTARIAL SEAL  
JOAN O. EVAN, NOTARY PUBLIC  
NEWPORT TWP, LUZERNE COUNTY  
MY COMMISSION EXPIRES JULY 5, 2004

William D. Vogel  
EB-0546  
660 State Route 11  
Hunlock Creek, PA 18621

Dated: 6-24-02

Affidavit

To Whom It May Concern,

First I start by saying that I William D. Vogel do solemnly swear, that according to my knowledge (what I know personally) that every thing that I am writing herein, is the truth - the honest truth so help me God. Now I came into the jail of S.C.I. Retreat on January 11, 2002 and not to long after that I moved into the cell with Mr. Phan Hue (inmate D.O.C. #DY-0577). Further more upon my moving in with Mr. Phan Hue and living with him I can verify that he seemed to be physically in good health. But that was soon to change on the coming of February 28, 2000. Now on the date of February 28, 2000, Mr. Phan Hue had a serious job related - accident while he was up in the kitchen, at approximately 1:00 pm C.O. Donahue, was coming around for count time and I started to tell him that Mr. Phan Hue never came back from work, and that I didn't know where he was at. That is when he (the C.O.) began to tell me that Phan had an accident at work and that he was in the hospital. I was further instructed to pack up Mr. Phan's personal belongings.

Mr. Phan was kept in the hospital for only a day or so and then was released back to the block. I further remember that when he returned back to the cell from the hospital that he seemed like that he was in a great deal of pain, his shoulder had been placed in a sling and as I can recall his



gums were bleeding and I remember asking him. Mr. Phan - what happened to all of your teeth? Because I had noticed that his gums were bleeding and that "all" of his teeth were missing. Mr. Phan - answer to my question was, that his teeth came out when he slipped and fell at work. Further more as I remember he was only given the sling for his arm for about 2½ weeks and he was given pain medication every day for about 1 month. Also I can remember him being called down to medical for more x - rays one afternoon and on his return back to the cell he was telling me how the institutional (jail) doctor was telling him that from the looks of the x - rays that it looked like that he fractured his right rotator cup to his shoulder and how that they wanted to send him to a specialist on the outside of this jail. Approximately 4 to 6 weeks after Mr. Phan's accident happened, he was called up to talk to Mr. Hazlak (A Block unit manager), and when he refused to go back to work and told Mr. Hazlak that he was in pain and really didn't want to go to work just yet. Phan told me that Mr. Hazlak told him that he was giving him only 2 options either go back to work or that he was going to write him up for refusing to go back to work. Mr. Phan refused to go back to work because he was still in pain. But regardless of that aMr. Hazlak wrote him up and Phan was given something like 3 days on cell restriction and was forced to clean the block, showers and sweep the block's day room floor and I saw this personally. If you were to touch Mr. Phan's right shoulder and he was to move his arm in any manner you would feel something that feels like that there is something that is in his shoulder that is cracking. In closing like I stated in the beginning - that everything that I have wrote herein is the truth - the whole truth so help me God.

Sincerely William D. Vogel 81746

Raymond Noon  
EB-8955  
660 State Route 11  
Hunlock Creek, PA 18621

DATED: 6 22 02

**AFFIDAVIT**

To Whom It May Concern,

I, "Raymond Noon", am giving this statement as to the best of my knowledge and as to what I saw of Phan Hue working in the kitchen at S.C.I. Retreat.

I was employed by this institution, by inmate employment service, Mr. Giza, to work in the kitchen.

On a number of days in the second week of May, 2000. I noticed this oriental person working with one hand and the other one tucked in his smock. I approached him and asked him why his arm was like that. He stated, "the pain".

I knew that he was out of work for a few weeks due to a fall in the kitchen area that happened back in February, 2000. This man was known to me as Mr. Hue, by the stewards. I have seen him around the kitchen, but only for a few weeks in severe pain, working with one hand. Mopping, sweeping, or wiping tables. I told him to go and see the doctor and he stated that "they will not help me, that they say nothing is wrong with me.

I know that the floor in the kitchen is very slippery, due to the ceramic tiles that they had installed. That infact I have slipped on these tiles and almost fallen.

This is the best of my recollection of what happened at that time period.

Respectfully submitted,

*Raymond Noon Sr.*

*EB-8955*

XL: Mr. U. HAZLAK H126  
 medical  
 File- F.S. Sup VS

DC-135A

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS

## INMATE'S REQUEST TO STAFF MEMBER

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Mr Edward O'Brien Food Service Manager

2. DATE

5-6-00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

PHAN Hue DY0577

COUNSELOR'S NAME

Ms Simmons

5. WORK ASSIGNMENT

Kitchen

6. QUARTERS ASSIGNMENT

A-Block AA-10

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Since I have been back to work, I am still suffering from severe pain in my right shoulder and arm, since my fall in the kitchen my last time at work. I am being forced to work heavy labor when staff recognizes my poor or hampered use of my right shoulder and arm. Mr O'Brien would you please schedule me for light duty work only till my medical problems have been cleared by necessary physician. At the beginning of my injury I was by the DOC medical dept. referred to a outside attending physician which that physician said that I need to see a Bone specialist for my shoulder problem. To this date and time I have not been seen by any such doctor. Till this issue is addressed and resolved would you please respond back to me on the issues that

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) concern you and the kitchen dept.

Thank You



I CONTACTED MR. HAZLAK WHO IN TURN WILL CONTACT MEDICAL FOR AN EVALUATION OF MEDICAL STATUS. AT THIS POINT - 05/08/00 YOU ARE PENDING A DECISION FROM MEDICAL STILL ASSIGNED TO THE KITCHEN.

Ed O'Brien CPSM

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

## FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DY-0577

(Inmate Number)

Phan Hue

(Name of Plaintiff)

660 state Route 11

(Address of Plaintiff)

Hunlock Creek, Pa. 18621

(Case Number)

## COMPLAINT

vs.

James Updike; Joseph  
matoloni; Edward O'

Brian; Dale Hazlet

(Names of Defendants)

in their individual & official  
capacities.TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

## I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N.A.

## II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?  
☒ Yes ☐ No
- B. Have you filed a grievance concerning the facts relating to this complaint?  
☒ Yes ☐ No

If your answer is no, explain why not N.A.

- C. Is the grievance process completed? ☒ Yes ☐ No

## III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant James Updike is employed  
as Physician's Asst. at S.C.I. Retreat;
- B. Additional defendants Joseph Mataloni is the Chief  
Health Care Administrator at S.C.I.  
Retreat; Edward O'Brian is the Culinary  
manager at S.C.I. Retreat; Dale  
[Cont.]

## IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. On Feb. 24th, 2000, while working in the  
kitchen area, I had an accident  
which seriously injured my shoulder  
& knocked out teeth;
2. I was taken to the outside Hospital  
where the Emergency room Physician  
informed me that I would need to  
see a bone specialist & prescribed  
medication;
3. Subsequent to my return to the  
institution, defendant Updike dis-  
continued my medication; Confiscat-  
ed my shoulder restraint & refused  
[Cont.]



## V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. repair of my medical maladies res  
ultant from the work accident;  
expungement of the misconduct  
from my record simply for fighting  
for my Constitutional Rights.
2. monetary Compensation awarded  
by a jury commensurate with the  
physical & psychological pain/dures  
suffered to date;
3. Punitive damages in the amount  
of \$10,000.00 from each defendant  
so that they do not put another individ  
ual through the same trauma.

Signed this 12 day of June, 2001.

(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6-12-2001  
(Date)

(Signature of Plaintiff)

#### IV. (3) statement of Claim Cont.:

with their forcing me to work because they feared I was going to sue over the conditions of the work place hence the subsequent injury;

defendant O'Brien would not recognize my injury thus my inability to work & used all his official pressure to see (1) that my injury was not recognized, (2) that I be made to work;

defendant Holzk retaliated against me by seeing that I was punished for refusal to work based upon my contentions of the 8th Cruel & Unusual punishment violations & my attempts to get the prescribed medical attention.

III: B: Additional defendants Cont.:

Harlok is unit manager at  
S.C.I. Retreat.

IV. (3) statement of claim Cont.:

to schedule me to see the  
bone specialist;  
defendant matoloni was ap-  
prised of my inability to use my  
arm or move my shoulder & he ac-  
quiesced to the continuation of  
denying me the prescribed medication,  
the continued denial of my shoulder,  
Arm restraint - harness, the contin-  
ued refusal to honor the outside  
doctor's referral to a bone specialist  
& when defendant O'Brien & defen-  
dant Harlok were adamant about not  
letting me off of work, Concurred

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <b>DEPUTY PIAZZA</b>		FACILITY: <b>SC.I. Retreat</b>	DATE: <b>2/8/01</b>
FROM: (INMATE NAME & NUMBER) <b>William Locke EA-199</b>		SIGNATURE of INMATE: <i>William Locke</i>	
WORK ASSIGNMENT: <b>—</b>		HOUSING ASSIGNMENT: <b>CB 53</b>	

**INSTRUCTIONS:**

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

**A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.**

*On the following date of Tuesday, JANUARY 16, 2001 I William Locke, entered the cafeteria around 5:40pm in the evening for dinner. As I was in line waiting to receive my tray after I'd retrieved it I proceeded to the right in an attempt to grab a cup of water. The unfortunate thing about it is that, the floor was extra slippery. They (the kitchen workers) had mopped the area with a vegetable oil mop. There was not any type of rubber mat that would act as a support barrier between the constant spilling of liquids that linger in front of the beverage counter, nor was there a caution wet warning sign located in the entire eating area. As a result my feet went sky high into the air. I landed on my back and simultaneously hit my head against the floor re-injuring my lower back. In which I'd suffered from a gun shot wound in 1996. And after several days of medical attention P.A. JAMES stated that =*

**B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.**

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

DC-804  
PART 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

F.D

RET 0058-01

TO: GRIEVANCE COORDINATOR <u>Joseph Lengyel</u>	INSTITUTION <u>SCI-RETREAT</u>	DATE <u>1/23/01</u>
FROM: (Commitment Name & Number) <u>William Locke EA-1991</u>	INMATE'S SIGNATURE <u>William Locke</u>	
WORK ASSIGNMENT <u>—</u>	QUARTERS ASSIGNMENT <u>CB 53</u>	

## INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

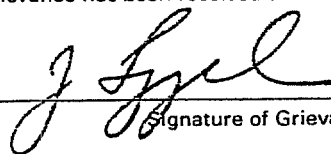
## A. Brief, clear statement of grievance:

On the following date of Tuesday, January 16, 2001, I William Locke, entered the cafeteria around 5:40pm in the evening for dinner. As I was in line waiting to receive my tray, after I'd retrieved it, I proceeded to the right in an attempt to grab a cup of water, the unfortunate thing about it is that, the floor was extra slippery, like they (the kitchen workers) had mopped the area with a vegetable oil mop. There was not any type of rubber mat that would act as a support barrier between the constant spilling of liquids that linger in front of the beverage counter, nor was there a caution wet warning sign located in the entire eating area. As a result my feet went sky high into the air, I landed on my back and simultaneously hit my head against the floor re-injuring my lower left lumbar ... → cont.

## B. Actions taken and staff you have contacted before submitting this grievance:

In the Commonwealth of Pennsylvania D.O.C. Inmate Handbook Policy # 14.1.1 Food Services (Adm DIR 610) Under Procedures & Inspection A daily house keeping and sanitation inspection shall be performed and documented once per shift by a food service staff member as designated by the C.F.S.M.

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Grievance Coordinator

1-25-01

Date



DC-804  
PART II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

RET 0058-01

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
William Locke EA-1991	SCI-Retreat	CB-53	1/23/01

The following is a summary of my findings regarding your grievance:

Inmate Locke EA-1991 it's unfortunate that you fell - As I discussed with you on 1/26/01, I am looking into a product that will enhance the safety of the area. Sincerely.

EJO/mm

xc: Supt. Klem  
Joseph Lengyel  
Deputy Piazza  
File  
Marsha M. Davis, Esq.  
Marilyn Semanski

Refer to DC-ADM 804, Section VIII,  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

*Edward J. O'Brien*

DATE

1/26/01

DC-804  
Part 1COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

## OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Deputy Piccotta</i>	FACILITY: <i>SCI Retreat</i>	DATE: <i>2/8/01</i>
FROM: (INMATE NAME & NUMBER) <i>William Locke EA-1991</i>	SIGNATURE of INMATE: <i>William Locke</i>	
WORK ASSIGNMENT: _____	HOUSING ASSIGNMENT: <i>CB-53</i>	

## INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

*Received a slight concussion. Point in fact, while I was laying on the floor waiting for the medical staff to transport me to the infirmary Sgt. Serbini nearly took a major fall himself in the same area but he'd managed to regain his balance by quickly grasping onto a nearby metal pole. I still try to go up to the cafeteria as least as possible. Although the P.A. recommended that I should take advantage of the walk by going to all three daily meals but everytime that I have went to there since my return to population the same area is still continuously dripping liquid onto the floor as if my incident never happened. For me it is the charge of monitoring the hazardous area. And frankly I have been intimidated by that area because when I have to walk past it my incident is always a hot topic. This is my second grievance in reference to this matter.*

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

*For example, whenever Edward O'Brien responded to my first grievance by calling me up to the cafeteria and discussed with me. About now he's well aware that the situation there is not the best time of flooring for that kind of environment and how he is trying to invest into a product that will enhance the safety of the hazardous area. But it has to be approved by the administration. I'm eagerly seeking to find out if any steps have been taken in the direction of getting a product approved for that will fix the problem. Re: Facility Grievance*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

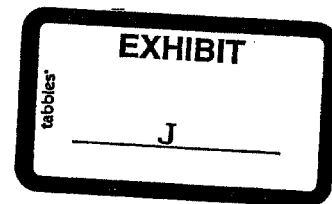
*William Locke  
EA-1991*

Signature of Facility Grievance Coordinator

Date

DC-804  
PART II

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
P.O. BOX 598  
CAMP HILL, PA 17001



OFFICIAL INMATE GRIEVANCE  
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

TO: (Name & DC NO.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
William Locke EA-1991	SCI-Retreat	CB-53	February 8, 2001

The following is a summary of my findings regarding your grievance:

As we discussed - I am working with Maintenance and Administrative Staff to secure a floor treatment product that will enhance the safety in the Food Service area. Sincerely.

EJO/mm

xc: Deputy Piazza  
File  
Marsha M. Davis, Esq.  
Marilyn Semanski

Refer to DC-ADM 804, Section VIII,  
for instructions on grievance  
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR

*Edward A. O'Brien*

DATE

2-15-0

XC: Mr. D. Hazlak ABL  
 medical  
 File- Fs. Sup vs

DC-135A

## INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF CORRECTIONS

## INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER) Mr Edward O'Brien Food Service Manager		2. DATE 5-6-00
3. BY: (INSTITUTIONAL NAME AND NUMBER) PHAN Hue DY0577		4. COUNSELOR'S NAME Ms Simmons
5. WORK ASSIGNMENT Kitchen	6. QUARTERS ASSIGNMENT A-Block AA-10	
7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. Since I have been back to work, I am still suffering from severe pain in my right shoulder and arm, since my fall in the kitchen my last time at work. I am being forced to work heavy labor when staff recognizes my poor or hampered use of my right shoulder and arm. Mr O'Brien would you please schedule me for light duty work only till my medical problems have been cleared by necessary physician. At the beginning of my injury I was by the DOC medical dept referred to a outside attending physician which that physician said that I need to see a Bone specialist for my shoulder problem. To this date and time I have not been seen by any such doctor. Till this issue is addressed and resolved would you please respond back to me on the issues that 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) concern you and the kitchen dept.		

Thank You

*[Signature]*

I CONTACTED MR. HAZLAK WHO IN TURN WILL CONTACT MEDICAL FOR AN EVALUATION OF MEDICAL STATUS. AT THIS POINT - 05/08/00 YOU ARE PENDING A DECISION FROM MEDICAL STILL ASSIGNED TO THE KITCHEN.

Ed O'Brien CFS

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

EXHIBIT

tabbies

I

## CASE ENTRY

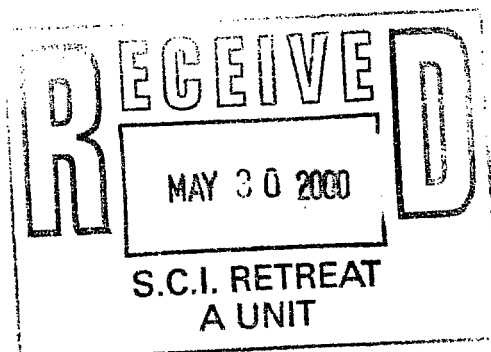
A -  
To: UNIT TEAMPHAN DY0577  
Inmates Name and Number

I wish to report the following ON 5/25/00 INMATE  
PHAN DY0577 WAS EVALUATED BY MEDICAL  
REGARDING STATUS FOR KITCHEN EMPLOYMENT-  
ALSO MR GIZA EMPLOYMENT CO-ORDINATOR  
WAS INVOLVED WITH RESEARCHING RELATED DATA.  
IT IS DETERMINED THAT INMATE PHAN DY0577  
IS NOT FIT TO WORK IN THE KITCHEN DUE TO  
AN INJURY - INMATE PHAN SHOULD BE RE-  
EVALUATED BY MEDICAL IN 8 WEEKS - JULY 28-  
FOR REINSTATEMENT INTO THE KITCHEN -  
INMATE PHAN WILL BE PAID TILL THEN  
INMATE PHAN DY0577 WAS DIRECTED TO SIGN UP  
FOR SICK CALL FOR 5/26/00 AND MED LAYIN W/PAY  
WILL BE ISSUED -

Date: 5-25-00

Edward J. O'Brien CSM  
 Signature Title and Assignment

CC MEDICAL - MR. MATALOV.  
 FOOD SERVICE SUPVS (3)  
 MR. GIZA  
 Deputy Piazza





Ability to prepare and maintain files, record, and reports relating to menus, recipes, orders, requisitions, inventory, food service personnel, and inmate help.

Ability to inspect equipment and identify the need for repair and maintenance.

Ability to direct and evaluate specialized meat cutting and baking operations.

Ability to communicate effectively both orally and in writing.

MINIMUM EXPERIENCE AND TRAINING: One year of experience as a Corrections Food Service Supervisor;

or

Four years of experience in food preparation, production, and service of a variety of complete meal menus in an institutional food service operation, food catering service, restaurant, or in a similar large-scale food production operation, including one year of supervisory experience;

or

Any equivalent combination of experience and training.

service.

Knowledge of the procedures involved in preparing a food service budget and maintaining cost controls and expenditure records.

Knowledge of the principles and practices in preparing nutritional foods.

Knowledge of food service safety and sanitation standards.

Knowledge of the proper care and use of standard kitchen, food serving, and sanitation equipment.

Ability to plan, organize, and direct the work of food service personnel and inmate help in a food service operation which includes a large-scale food preparation and food serving area.

Ability to establish work procedures for the overall operation of a food service operation.

Ability to plan, direct, and evaluate the food preparation, food service, and sanitation functions.

Ability to learn to plan, organize, and direct the work of food service personnel and inmate help in a centralized correctional institution food service operation which includes a large-scale food preparation and food serving area.

Ability to learn to enforce established institutional security and custody regulations.

Ability to determine proper unit staffing.

Ability to modify menu within given food service objectives, food and budget allowances, and standards of nutrition, cost, and quality.

Ability to learn to interpret physicians' prescriptions and to learn to modify selective menus in accordance with the Pennsylvania diet Manual.

Ability to direct the ordering, receiving, recording, storing, and distributing of food, supplies, and equipment.

Ability to plan, direct, coordinate, and evaluate training programs to provide orientation and on-the-job training to the food service staff in methods, materials, practices, and procedures used in all aspects of the operation.

Ability to conduct employee counseling to develop rapport with all personnel, resolve personnel problems, discuss career opportunities, and provide competent supervision.

Ability to determine undesirable working conditions, administer collective bargaining agreements, evaluate and reconcile employee complaints, and render decisions or recommendation on formal grievances.

Ability to learn to establish and maintain effective relationships with institutional personnel and inmate help.

allocate staff appropriately to meet departmental objectives.

Modifies selective menus in accordance with institutional and departmental objectives, doctor's prescriptions, and standards of nutrition, cost, and quality; and utilizes a special diet recipe manual for the preparation of therapeutic diet meals when ordered by physician.

Insures that proper control over inmates is maintained at all times by enforcing security and custody regulations, resolving infractions which occur in the department, and taking appropriate action on violations reported.

Monitors working conditions, administers collective bargaining agreements, evaluates and reconciles employee complaints, and renders decisions or recommendations on formal grievances.

Plans, directs, and evaluates food preparation, food service, and sanitation, which normally includes baking and meat cutting; and purchases perishable food items such as vegetables, meats, and fruits.

Directs the ordering, receiving, recording, storing, and distributing of food, supplies, and equipment.

Establishes, schedules, and implements training programs to provide orientation and on-the-job training to the food service staff in methods, materials, practices, and procedures used in all aspects of the food service operation; provides inmates with the skills and abilities to obtain and retain useful employment in the community upon release; and conducts employee counseling to develop rapport with all personnel, discuss career opportunities, and provide competent supervision.

Prepares new recipes and revises and modifies existing recipes to meet nutritional needs.

Inspects equipment to identify any need for repairs and supervises the preparation of work order requests for equipment repair and maintenance.

Inspects all work areas to insure compliance with established departmental sanitation and safety standards.

Conducts departmental staff meetings and attends administrative meetings to discuss departmental and institutional programs and goals, work conditions, and personnel and labor relations problems.

Attends workshops, conferences, and training sessions to learn new or improved methods and techniques in food service management.

Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS, AND ABILITIES: Knowledge of the modern principles, practices, and techniques of food service management, administration, and supervision.

Knowledge of the methods, materials, and equipment used in food

EXHIBIT

H

Class Code	Pay Range	Pay Schedule	Bargaining Unit	Civil Service or Non-Civil Service	Executive Board Change	Last Change Effective
81530	03	I	N3	N	279-95	7/1/1995

Click on Class Code for current expanded information, on Pay Schedule for current Pay Schedule, on Civil Service or Non-Civil Service to obtain the Evaluation Guide (if available), on Executive Board Change to obtain the Executive Board amendment listed and on Last Change Effective to obtain history.

11/24/1993

81530

## CORRECTIONS FOOD SERVICE MANAGER 1

DEFINITION: This is food service work as a manager in charge of the food service operation at a State Correctional Institution or Facility which serves on a daily basis between 1-4000 meals to inmates and staff or as an assistant to a Corrections Food Service Manager 2 in charge of the food service operations at larger State Correctional Institutions or Facilities.

An employee in this class plans, organizes, and directs a complete food service operation which includes a large-scale food preparation and food serving area or, assists a higher level manager in a food service operation. As a manager, employees have administrative responsibility for the food service department which involves the functions of menu modification, purchasing perishable food items, personnel, finance, nutrition, food preparation, food service, and sanitation. Work is normally characterized by having the specialized functions of baking and meat cutting. Work also involves the direction over food service supervisors, food service instructors, and inmate help; development and implementation of cross training programs to food service employees in the specialized areas of the operation; and review of on-the-job vocational training provided to the inmate help. The employee is responsible for continued maintenance of satisfactory working conditions, conformance with established sanitation and safety standards, and enforcement of security and custody regulations in the operation. Work is performed with initiative and independent judgement and reviewed by the Deputy Superintendent and food service coordinator through conferences, reports, and evaluation of overall effectiveness.

EXAMPLES OF WORK: Plans, organizes, and directs a Correctional Institution or Facility food service operation which includes a large-scale food preparation and food serving area or assists a higher level manager at a larger State Correctional Institution or Facility.

Established work procedures for the overall operations of the food service department.

Reviews and maintains personnel, budgetary, and other departmental records and reports.

Determines staffing needs for the food service operation; interviews and recommends applicants for employment; determines priorities; schedules and assigns work and leave time; and reviews performance of subordinate staff.

Reviews and maintains overlapping shift schedules in order to

DC-14

**CUMULATIVE  
ADJUSTMENT RECORD**  
SCI-Retreat  
Institution

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections

A UNIT

Institutional Number

NY-0577

PBPP NUMBER

NAME:

Pham, Hue

Date

OBSERVATION

3-1-00

Post infirmary interview - Mr. Pham was in the infirmary overnight due to back problems. Says he is in quite a bit of pain. Claims they took X-rays; he is waiting for the results. Polite  
J Simmons CC II

2/29/00

HA 1022 → AA 1101.

E/Agon, unit clerk



Approve and schedule leave and work schedules for Unit Counselors and Unit Clerks.

Approve cell changes within the Unit.

Ensure all team members maintain regular interaction with inmate population.

Ensure all team members participate in the decision-making process.

7. Briefly describe how work is assigned to this position and how the work is reviewed.

Work is assigned and reviewed by the Deputy Superintendent for Facilities Management through the use of assigned Performance Objectives and Factors by utilizing both individual conferences and regularly scheduled Unit Management meetings.

8. If this is a supervisory position, how work is assigned to subordinate personnel and how their work is reviewed. (If this is not a supervisory position, leave blank.)

Work is assigned that is consistent with employee's Job Description and established Performance Objectives and Factors. Work is reviewed on a daily basis utilizing conferences/briefings/staffings and Unit Team meetings.

RECEIVED

JUL 16 1998

SCI-RETREAT  
PERSONNEL DEPT.

9. Attach an Organizational Chart identifying all reporting relationships for this position.

10. Attach a statement identifying the essential functions of the positions.

**CERTIFICATION**

I certify that to the best of my knowledge all statements contained within the job description are correct: This job description consists of \_\_\_\_ pages. (count this form as 1 page)

Employee's Signature	<u>Int'l</u>	Class Title	<u>Unit Manager</u>	Date	<u>12-1-98</u>
Immediate Supervisor's Signature	<u>Thomas L...</u>	Class Title	<u>DSFM</u>	Date	<u>17 July 98</u>
Reviewing Officer's Signature	<u>B. L...</u>	Class Title	<u>SEPT</u>	Date	<u>17 July 98</u>

COMMONWEALTH OF PENNSYLVANIA  
STD-370 REV. 10-96

## JOB DESCRIPTION

EXHIBIT

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F

1. Name of Employee (Last, First, MI)

HAZLAK, DALE T.

2. Employee Number

097608

171137

3. Department

CORRECTIONS

Bureau

Division

FACILITIES MGMT.

Headquarters

SCI-RETREAT

Organization Code

6500

4. Class Title

CORRECTIONS UNIT MANAGER

Working Title

UNIT MANAGER

Class Code

47470

5. Regular Work Schedule

Start Time:

0800

Lunch Length:

.50

End Time:

1630

Hours/Week:

40

Position is:

☒

Full-Time

☐

Permanent

☐

Part-Time

☐

Temporary

Reports to:

Name

Thomas Lavan

Class Title

Deputy Superintendent for Facilities  
Management

Days Worked (check all that apply):

S

M

T

W

Th

F

S

Explain any schedule variations:

6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if necessary.

Provide supervision and technical assistance in Case Management to a Multi-Disciplinary Team that includes Counselors, Corrections Officers, and Clerical staff.

Develop and update annually a Unit Plan that incorporates clearly defined standards and objectives and team building strategies.

Establish daily work assignments and case loads of Unit Team members.

Conduct performance appraisals of staff assigned to the Unit.

Identify staff training needs and develop appropriate staff development programs for assigned staff. This includes Emergency Preparedness.

Approve orders of supplies and equipment for Unit. Provide input into Fixed Asset purchases and Budget development.

Conduct Unit Team meetings on a regular basis to ensure an effective exchange of information.

Monitor and ensure Unit security by operating the Unit in a manner consistent with the institution's overall security plan.

Maintain Unit sanitation and safety standards and complete weekly Unit Fire/Safety/Sanitation Reports.

Ensure Unit is in compliance with Department of Corrections Administrative Directives and institution policy.

Schedule and chair weekly Unit staffings.

Provide appropriate documentation for Unit case files and ensure Unit files are completed and organized.

Assist in developing Unit programs and evaluate their effectiveness.

Provide leadership in resolving day-to-day inmate problems through a variety of means including counseling and referral services.

Record and report required data for the Monthly SCAN Report.

## HC SING PERFORMANCE REPORT

EXHIBIT

tabbies

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INMATE NAME <u>Phan, Hue</u>	DC NUMBER
HOUSING ASSIGNMENT <u>A-unit</u>	DATE <u>6-4-01</u>
REASON FOR REVIEW ANNUAL PACT	
COUNSELOR <u>SA Miller, CW</u>	

PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.

FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			✓	✓				
Cooperative and courteous to staff			✓	✓				
Prompt for all line movements			✓	✓				
Obeys written and verbal orders			✓	✓				
Proceeds directly to and from cell/bunk without loitering			✓	✓				
Refrains from loud behavior in housing unit			✓	✓				
Gets up on time			✓	✓				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property	✓			✓				
Follows inmate dress code			✓	✓				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:

- ☒ Better  
☐ The Same  
☐ Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

- ☒ Spends time alone in cell      ☐ Socializes with others  
☐ Engages in disruptive activities      ☐ Participates in officially sanctioned activities (e.g.: team sports)  
☐ Other

(ALL MUST SIGN ON REVERSE SIDE)

INMATE NAME	<u>Ryan Huel</u>	DC NUMBER	<u>DY-0577</u>
HOUSING ASSIGNMENT	<u>A-Unit</u>	DATE	<u>6-5-00</u>
REASON FOR REVIEW <u>ANNUAL PACT</u>			
COUNSELOR <u>Stacy Miller</u>			

PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.

FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			✓	✓				
Cooperative and courteous to staff			✓	✓				
Prompt for all line movements			✓	✓				
Obeys written and verbal orders			✓	✓				
Proceeds directly to and from cell/bunk without loitering			✓	✓				
Refrains from loud behavior in housing unit			✓	✓				
Gets up on time			✓	✓				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property			✓	✓				
Follows inmate dress code			✓	✓				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:

( ) Better  
 (X) The Same  
 ( ) Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

( ) Spends time alone in cell ( ) Socializes with others  
 ( ) Engages in disruptive activities ( ) Participates in officially sanctioned activities (e.g.: team sports)  
 ( ) Other

(ALL MUST SIGN ON REVERSE SIDE)



INMATE NAME	<u>Ryan Hue</u>	DC NUMBER	<u>DY-0577</u>
HOUSING ASSIGNMENT	<u>A-Unit</u>	DATE	<u>6-5-00</u>
REASON FOR REVIEW <u>ANNUAL PACT</u>			
COUNSELOR <u>Stacy Miller</u>			

PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.

FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			✓	✓				
Cooperative and courteous to staff			✓	✓				
Prompt for all line movements			✓	✓				
Obeys written and verbal orders			✓	✓				
Proceeds directly to and from cell/bunk without loitering			✓	✓				
Refrains from loud behavior in housing unit			✓	✓				
Gets up on time			✓	✓				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property			✓	✓				
Follows inmate dress code			✓	✓				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:

☐ Better  
☒ The Same  
☐ Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

☐ Spends time alone in cell      ☐ Socializes with others  
☐ Engages in disruptive activities      ☐ Participates in officially sanctioned activities (e.g.: team sports)  
☐ Other

(ALL MUST SIGN ON REVERSE SIDE)

## HC SING PERFORMANCE REPORT

INMATE NAME <u>Phan, Hue</u>	DC NUMBER <u>DY-0577</u>
HOUSING ASSIGNMENT <u>A-unit</u>	DATE <u>6-4-01</u>
REASON FOR REVIEW <u>ANNUAL PACT</u>	
COUNSELOR <u>SA Miller, CCR</u>	

PLEASE RATE THE INMATE ON EACH OF THE FOLLOWING BEHAVIORS BY CHECKING THE APPROPRIATE RATING.

FACTOR	MOST OF TIME (above avg.)		USUALLY (average)		Sometimes (below avg.)		SELDOM (poor)	
	AM	PM	AM	PM	AM	PM	AM	PM
Relates well with, and is courteous to, other inmates			✓	✓				
Cooperative and courteous to staff			✓	✓				
Prompt for all line movements			✓	✓				
Obeys written and verbal orders			✓	✓				
Proceeds directly to and from cell/bunk without loitering			✓	✓				
Refrains from loud behavior in housing unit			✓	✓				
Gets up on time			✓	✓				
Maintains good personal hygiene and clean living area, and properly maintains all State-issued property	✓			✓				
Follows inmate dress code			✓	✓				

Comparative Rating (check one) Compared to other inmates within the same housing unit, this inmate behaves:

- ☒ Better  
☐ The Same  
☐ Worse

Leisure Time: (check all descriptions that fit this inmate's use of leisure time.)

- ☒ Spends time alone in cell  
☐ Engages in disruptive activities  
☐ Other  
☐ Socializes with others  
☐ Participates in officially sanctioned activities (e.g.: team sports)

(ALL MUST SIGN ON REVERSE SIDE)

DC-14

**CUMULATIVE  
ADJUSTMENT RECORD**  
SCI-Retreat  
Institution

COMMONWEALTH OF PENNSYLVANIA  
Department of Corrections

A UNIT

Institutional Number  
DY0577

PBPP NUMBER

NAME:

Phan, Hue

Date

OBSERVATION

08Mar00

Six month Counselor Contact

Inmate Phan was seen by the Unit Manager for his six month counselor interview because we are operating with one Counselor. Today he denies any problems. I reviewed his prescriptive plan with him. He said that he is enrolled in school. He said that his assignment in the Kitchen was keeping him busy until he fell and hurt his arm. He said that his injury is healing and he expects to return to work in the near future. Inmate was cooperative with the interview and presents a positive attitude today.

His emergency contact was reviewed remains unchanged.

The computer date will reflect a review completed on **01-27-00** to bring this case into compliance for the next scheduled review.

*Ben T. Hall*  
Unit Manager

6/20/00 2 → 3. *g/hgn, uc*

DC-14

**CUMULATIVE  
ADJUSTMENT RECORD  
SCI-Retreat  
Institution**

COMMONWEALTH OF  
Department of

EXHIBIT

tabbies

E

A UNIT

Institutional Number

NY-0577

PBPP NUMBER

NAME:

Pham, Hue

Date

OBSERVATION

3-1-00

Post infirmary interview - Mr. Pham was in the infirmary overnight due to back problems. Says he is in quite a bit of pain. Claims they took X-rays; he is waiting for the results. Polite.

*Simmons CC II*

2/29/00

HA 1022 → AA 1101.

*Elfagon, unit clerk*

Internal Resolution Action Form

Inmate Name (Printed)	Inmate Number	DC-141 Part 1 Number	Date:
Phan	DY 0577	171 986	01 May 00
<b>Action Taken</b>			
<input type="checkbox"/> No Action			
<input type="checkbox"/> Reprimand and Warning			
<input type="checkbox"/> Referred to Hearing Examiner			
<input type="checkbox"/> Cell Restriction (Up to 7 days)	Number of Days:	Start Date:	End Date:
Loss of Privileges: (Up to 7 days) <input type="checkbox"/> Telephone <input type="checkbox"/> Yard <input type="checkbox"/> Day Room <input type="checkbox"/> Other:	Number of Days:	Start Date:	End Date:
<input type="checkbox"/> 1 Week Loss of Commissary		Start Date:	End Date:
<input checked="" type="checkbox"/> Assignment of Additional Work Duties (No 3 Day Home compensation allowed)	Assignment Clean Shower	Start Date: 03 May 00	End Date: 05 May 00
<input type="checkbox"/> Restitution for Damaged/Destroyed State Items/Property	Item(s)	Amount to be Paid:	

Yale T. HAZLAK  
Unit Manager's Name (Printed or Typed)

[Signature] 01 May 00  
Unit Manager's Signature Date

[Signature] 5/1/00  
Inmate Signature Date

cc: DC-14 (original)  
Hearing Clerk



DC-141 Rev. 6-84 DISCIPLINARY HEARING REPORT		PART II B COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
DC Number <b>DY0577</b>	Name <b>Pham</b>	Institution <b>SLI PT</b>	Hearing Date <b>01 May 00</b>	Hearing Time <b>1300 hrs</b>	No. from Part <b>171986</b>
INMATE PLEA	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	<b>Unformal Resol</b>

## HEARING ACTION

CHARGES

Class I Category B #39, Refusing to work

## FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

This is an informal resolution.  
Return to work in kitchen  
and

3 days of cleaning showers, &amp; pay

effective May 3, 2000 through May 5, 2000

☐ YES    ☐ NO  
☐ YES    ☐ NO  
☐ YES    ☐ NO  
☐ YES    ☐ NO

The inmate has heard the decision and has been told the reason for it and what will happen.

The circumstances of the charge have been read and fully explained to the inmate.

The opportunity to have the inmate's version reported as part of the record was given.

The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.

SEE APPENDICES

NAME(S) OF HEARING EXAMINER/COMMITTEE  
(TYPED OR PRINTED)

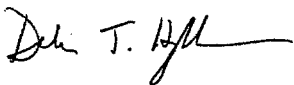
Dale T. Hertzberg  
Unit Manager

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

SIGNATURE OF HEARING EXAMINER/COORDINATOR

2

FORM DC-141		PART I		COMMONWEALTH OF PENNSYLVANIA		A 171986		
Rev. 6-84		<input type="checkbox"/> MISCONDUCT REPORT <input type="checkbox"/> OTHER		DEPARTMENT OF CORRECTIONS				
DC Number DY0577	Name Phan	Institution SCI-Retreat	Incident Time 24 Hr. Base 0630	Incident Date 4/28/2000	Date of Report 4/28/2000			
Quarters A-Block	Place of Incident Inmate Dining Hall							
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)								
DC Number	Name	I	W	DC Number	Name	I	W	
					MR. Groboski		X	
					MS. Kasprzyk		X	
MISCONDUCT CHARGE OR OTHER ACTION CLASS I CAT B #39 Refusing to work, attend school or attend mandatory programs or encouraging others to do the same.								
STAFF MEMBER'S VERSION ON above date and time inmate PHAN was called to the kitchen to work and refused stating his shoulder was hurt and the hospital told him to lay in. On 4/27/2000 Inmate PHAN had gone to sick call and the hospital called the kitchen and stated "There is no medical reason for PHAN not to work." My supervisor MR. Groboski talked to MS. KASPRZYK. About inmate PHAN's condition and she is the one that stated he is fine.								
IMMEDIATE ACTION TAKEN AND REASON 4-28-00 Refer to Unit Manager for informal Resolution								
PRE-HEARING CONFINEMENT								
IF YES								
<input type="checkbox"/> YES	TIME	DATE						
<input type="checkbox"/> NO								
REPORTING STAFF MEMBER SIGNATURE AND TITLE B. Howarth F.I.S.I.				ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY Capt Wild		DATE AND TIME INMATE GIVEN COPY DATE TIME 24 HOUR BASE		
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE TIME 4-29-00 0900				Misconduct Category <input checked="" type="checkbox"/> CLASS I <input type="checkbox"/> CLASS 2		Signature of Person Serving Notice		
NOTICE TO INMATE								
You are scheduled for a hearing on this allegation on the date and the time indicated or as soon thereafter as possible. You may remain silent, if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class I misconduct, any pre-release status you have will be revoked.								

DC-14 <b>CUMULATIVE ADJUSTMENT RECORD</b> <u>SCI-Retreat</u> Institution		COMMONWEALTH OF P Department of C <b>A UNIT</b>	EXHIBIT D
Institutional Number DY0577	PBPP NUMBER	NAME: Phan, Hue	
Date	OBSERVATION		
01MAY00	<p><b><u>INFORMAL RESOLUTION</u></b></p> <p>Inmate was seen today to conduct an informal resolution of misconduct 171986 Class 1, Category B, #39 Refusing to work, attend school or attend mandatory programs or encouraging others to do the same. Phan said that he wants to work and wants to resolve the matter without needing to see the hearing examiner. After discussing the situation the decision is to informally resolve the misconduct. Inmate will return to work in the kitchen and is sanctioned to <b>3 days of cleaning the Unit showers effective 03MAY00 through 05MAY00. He will receive no pay for cleaning the showers.</b></p> <p>I contacted Mr. O'Brien and informed him of the outcome of this hearing. The paperwork was sent to Mr. Luzney for computer entry. Mr. Giza was also sent a copy of the disposition.</p> <p style="text-align: right;">             Unit Manager         </p>		

Wyoming Valley Health Care System, Inc. <b>DISCHARGE INSTRUCTIONS</b> <b>EMERGENCY SERVICES DEPARTMENTS</b> General Campus (Wilkes Barre) 552-1000 Nesbitt Campus (Kingston) 552-7700 Proworks(500 Scott St, Wilkes-Barre) 829-7870 Proworks Mountaintop (62 N.Mt. Blvd., Mountaintop) 474-6865 FORM # NSG 060	Date: _____ PHAN Hue 30Y M 633533 ER-CELLER 02/28/2000 601465651 SCI BETREAT 03/02/69 193-64-9959 - - MR #: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

## SPRAINS / CONTUSIONS

1. A sprain is a tear of one of the tough bands (ligaments) that hold bones together at a joint. It is caused by putting more pressure on a joint than the ligaments can hold. A sprain may be mild or very severe. A serious sprain can permanently alter the way a joint functions.
  - > Pain is usually mild when the injury occurs, but worsens after a few hours.
  - > Swelling, also, usually comes on gradually.
  - > Bruising may appear after 12 to 24 hours.
  - > A sprain does not show on x-ray but fractures usually do.
2. Rest is the most important treatment. A sprained joint is weakened and can easily be injured again, sometimes more severely.
3. Apply an ice pack 20 minutes per hour for the first 24 to 48 hours to decrease swelling. Use a towel between the ice bag and the skin to prevent tissue damage.
4. Apply ~~warm water soaks~~ \_\_\_\_\_ minutes \_\_\_\_\_ times a day after the initial 24 - 48 hours to help decrease swelling.
5. Elevation will cut down on the swelling and throbbing. If the wrist or elbow or shoulder is injured, keep the arm up on 1 or 2 pillows for 4 - 12 hours. If a foot or knee is injured, keep it elevated on 2 pillows while lying down for 24 -48 hours.
6. Pain can be controlled by ~~aspirin~~, Tylenol or Ibuprofen as directed.
7. Mild sprains heal in a few days. If you are still having difficulty after several days, another X-ray may be necessary to detect simple breaks which do not appear until they begin to heal. Severe sprains may require a cast and can take up to 6 weeks to heal.
8. Wear an Ace Bandage for \_\_\_\_\_ days. Remove at night and readjust frequently during the day.
9. Wear the Air Stirrup over a sock for \_\_\_\_\_ days.

Other comments:

*Wear sling / shoulder immobilizer  
for 5 to 7 days*

EXHIBIT

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Valley Health Care System, Inc.  
**DISCHARGE INSTRUCTIONS**  
**EMERGENCY SERVICES DEPARTMENT**

General Campus (Wilkes-Barre) 552-1000  
 Nesbitt Campus (Kingston) 552-7700

Form # ERS-901 Rev. 5/97

DATE:

NAME: PHAN, IE  
 633533 ER-GEL  
 02/28/2000  
 SCI RETREAT

ED #:

193-64-9959

MR #:

457

Except for schedule II drugs, medications ordered on this form are legal prescriptions, are not duplicated elsewhere and may be filled as written.

PRESCRIPTIONS AND INSTRUCTIONS	QTY.	REF.	TIMES TO BE TAKEN	COMMENTS

## INSTRUCTION SHEET(S) GIVEN

- ☐ Abdominal Pain    ☐ Fever - Child    ☒ Sprains / Bruises    ☐ Vomiting & Diarrhea    ☐ Wound Care  
☐ Asthma / Bronchitis / Croup    ☐ Head Injury    ☐ STD's    ☐ Fracture Care    ☐ Vaginal Bleeding  
☐ Behavioral Health    ☐ Back Care    ☐ Social Services    ☐ Physician Referral List    ☐

## INSTRUCTIONS TO PATIENT REPORT ANY CHANGES OR CONCERNS TO YOUR PHYSICIAN OR THE EMERGENCY ROOM

*Imuprofen 200mg take 2 to 3 tablets with food every 6 hours for pain and/or Tylenol 500mg take 2 tablets every 6 hours as needed for*

REFERRAL: Referred To:

*discomfort*

Phone:

Card Given ☐

☐ You have an appointment with \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ am / pm

☐ Make an appointment in \_\_\_\_\_ days. If you have any trouble getting an appointment, please call us.

☒ Pick up copies of your x-rays before your appointment. Call 552-1711 at the General Campus or 552-7528 at the Nesbitt Campus to have them ready for you.

☐ You have been given copies of your x-rays. Be sure to take them with you to the doctor's appointment.

☒ If no improvement in *5-7* hours / days, or if your condition worsens, or if any new symptoms arise, call your private physician or return to the Emergency Department for a recheck. *follow up with orthopedics*

☐ 1. Your provisional diagnosis is: *② shoulder contusion / low back contusion*

☐ 2. Have your prescriptions filled and take as directed.

☐ 3. You may return to work / school on \_\_\_\_\_

☒ 4. If you had EKGs / X-rays, the reading was a provisional. We will call if there is a difference in the final reading.

☒ 5. I understand that the treatment I have received was on an Emergency basis only and not meant to replace the complete care from a personal physician. I will call my personal physician within 24 hours of this Emergency visit to notify him / her of this visit.

☒ 6. After I am released from the Emergency Department, if my condition becomes worse, or fails to improve, or new symptoms or other medical problems become apparent, I understand that I should contact my family doctor or return to this hospital or to the nearest emergency center.

☒ 7. BY SIGNING ON THE LINE BELOW, MY SIGNATURE INDICATES:

- ☒ THAT I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS,  
☒ RECEIVED A COPY OF THIS FORM AND APPLICABLE INSTRUCTION SHEETS,  
☒ AND WILL ARRANGE FOR THE FOLLOW-UP CARE.

M.D. / D.O.



## Master Index -

Policy	Policy Title	Issued	Effective	Authority
13.02.07	Inmate Health Care Plan	11/17/1999	12/20/1999	Martin F. Horn
13.02.08	Chronic Disease Management	5/31/1995	6/30/1995	Martin F. Horn
13.02.08-01	Chronic Disease Management	12/02/1996	12/02/1996	Raymond E. Clymer, Jr.
13.02.11	Access to Dental Care	6/14/1996	6/28/1996	Martin F. Horn
13.02.12	Corrective Eyewear	12/02/1996	2/03/1997	Raymond E. Clymer, Jr.
13.02.12-01	Corrective Eyewear	11/18/1997	12/01/1997	Martin F. Horn
13.03.01	Inmate Tuberculosis Control	3/07/1997	5/07/1997	Martin F. Horn
13.03.01-01	Inmate Tuberculosis Control	4/16/1998	5/01/1998	Martin F. Horn
13.03.01-02	Inmate Tuberculosis Control	6/04/1998	6/15/1998	Martin F. Horn
13.03.02	Employee Tuberculosis Control	3/07/1997	5/07/1997	Martin F. Horn
13.03.03	Contagious Disease Notification	1/29/1999	3/01/1999	Martin F. Horn
13.03.04	Prescription and Use of "Egg Crate" Mattresses	6/08/1995	7/03/1995	Raymond E. Clymer, Jr.
13.03.06	Management and Reporting of HIV Infection Contagious Disease Notification Policy	12/05/1991	12/05/1991	Joseph D. Lehman
13.03.06-01	Management and Reporting of HIV Infection Contagious Disease Notification Policy	7/29/1993	7/29/1993	Lawrence J. Reid
13.03.07	Occupational Exposure to Bloodborne Pathogens	9/22/1997	10/20/1997	Martin F. Horn
13.03.07-01	Occupational Exposure to Bloodborne Pathogens	5/15/1998	5/26/1998	Martin F. Horn
13.03.08	Regulations of Communicable & Non-Communicable Diseases	7/06/1999	8/06/1999	Martin F. Horn
13.03.09	Sexually Transmissible Diseases Treatment	5/28/1999	6/25/1999	Martin F. Horn
13.04.01	Pharmacy Guidelines	10/15/1998	11/16/1998	Martin F. Horn
13.04.01-01	Pharmacy Guidelines	11/09/1998	11/16/1998	Martin F. Horn
13.05.01	Inmate Health Education Manual	5/31/1995	6/30/1995	Martin F. Horn
13.06.01	Maintenance of Integrated Health Records	7/18/1997	10/15/1997	Martin F. Horn
13.07.01	Hospice Care	3/10/1999	4/09/1999	Martin F. Horn
13.07.01-01	Hospice Care	4/22/1999	4/29/1999	Martin F. Horn
13.07.02	Long Term Care Unit Referral Process	9/17/1997	9/17/1997	Martin F. Horn
13.08.01	Administering Involuntary Parenteral Psychotropic Medication for Psychiatric Emergencies	12/04/1997	1/05/1998	Martin F. Horn
13.08.04	Intermediate Care Unit	4/29/1999	5/28/1999	Martin F. Horn



## Master Index -

Policy	Policy Title	Issued	Effective	Authority
13.01.01	Credentialing and Privileging	10/09/1998	10/19/1998	Martin F. Horn
13.01.01-01	Credentialing and Privileging	9/24/1999	10/01/1999	Martin F. Horn
13.01.02	Clinical Review of Inmate Deaths and Attempted Suicide Policy	9/17/1999	10/19/1999	Martin F. Horn
13.01.03	Quality Improvement	6/08/1995	6/30/1995	Martin F. Horn
13.01.03-01	Quality Improvement	8/16/2000	8/28/2000	Martin F. Horn
13.01.04	Refusal to Eat and/or Take Liquids	9/02/1993	11/02/1993	Joseph D. Lehman
13.01.05	Advanced Directive for Health	3/10/1999	4/09/1999	Martin F. Horn
13.01.06	Inmate Refusal to Accept Medical Treatment	3/10/1999	4/09/1999	Martin F. Horn
13.01.08	Use of Institutional Health Care Facilities by Staff	3/10/1999	4/09/1999	Martin F. Horn
13.01.09	Medical Contract Monitoring	3/10/1999	4/09/1999	Martin F. Horn
13.01.11	Orientation for Nursing Staff	10/09/1998	10/19/1998	Martin F. Horn
13.02.01	Initial Intake Screening and Medical Clearance for Transfer	5/22/1997	5/22/1997	Martin F. Horn
13.02.01-01	Initial Intake Screening and Medical Clearance for Transfer	8/04/1998	9/01/1998	Martin F. Horn
13.02.01-02	Initial Intake Screening and Medical Clearance for Transfer	10/14/1998	10/16/1998	Martin F. Horn
13.02.01-03	Initial Intake Screening and Medical Clearance for Transfer	11/09/1998	11/16/1998	Martin F. Horn
13.02.02	Review of Diagnostic Reports	3/26/1999	4/26/1999	Martin F. Horn
13.02.03	Access to Health Care	5/31/1995	6/30/1995	Martin F. Horn
13.02.03-01	Access to Health Care	8/01/1995	8/01/1995	Martin F. Horn
13.02.03-02	Access to Health Care	3/12/1996	3/12/1996	Raymond E. Clymer, Jr.
13.02.04	Physical Examinations: New Commitments; Returning Inmates, HVA's, Annual; Biennial; Commutation; Medical Clearance for Activities, Employment, Food Service Workers	5/22/1997	7/22/1997	Martin F. Horn
13.02.05	Access to Emergency Care	5/31/1995	6/30/1995	Martin F. Horn
13.02.05-01	Access to Emergency Care	10/16/1996	10/16/1996	Raymond E. Clymer, Jr.
13.02.06	Inpatient Unit Medical Procedures	10/09/1998	10/19/1998	Martin F. Horn

## ATTACHMENT IV

**Part A: To be completed by referring Institution.**

Referred to:

, Referred from:

Appt. Date

Appt. Time

Drug Sensitivity: No ☐ Yes (Specify):

Current Medications and Significant Medication History:

Present Illness: (Include Significant Hx, Pertinent PE., Summary of lab and X-Ray studies, and reason for referral)

Date

Signature of referring Physician

**Part B: To be completed by consulting Physician.**

Examination findings and test results.

(Cont. on reverse side)

DC-61

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF CORRECTIONS  
CONSULTATION RECORD

38

Inmate Identification

D.O.B.

SSN

Inst. No.

Name

ATTACHMENT

**SICK CALL - DENTAL**

Date \_\_\_\_\_

Block \_\_\_\_\_

[illegible]

## Date \_\_\_\_\_

## Block

[illegible]

ATTACHMENT

## SICK CALL REQUEST

DATE \_\_\_\_\_ TIME \_\_\_\_\_

HOUSING UNIT/CELL BLOCK \_\_\_\_\_

INMATE NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ MEDICAL

\_\_\_\_\_ DENTAL

Place this request form in the locked medical box on the housing unit

**IX. SUPERSEDED POLICY AND CROSS-REFERENCE:**

This is a new policy. It does not supersede any previous DOC policy.

ACA Cross Reference: 3-4330, 3-4331, 3-4353, 3-4356,  
3-4357

OM-105.02 - Hospitalization and/or Consultation Cases Requiring Special Handling (3/31/86)

OM-105.03 - Delivering of Non-Essential Medical Service (8/19/87)

OM-105.03 - Follow up Care (8/1/88)

OM-105.03 - Guidelines for the Clinical Management of Substance Abuse Department (8/19/87)

OM-105.04 - Inmates Refusing to Take Prescribed Psychotropic Medications (2/9/87)

OM-105.08 - Policies for Maintenance of the Medical Record System (8/5/86)  
(IV-02 DC-61 Consultation Record)

DC-ADM 820 - Health Care For Inmates

13.2.7 - Chronic Disease Management Policy

-- 6.5.1 - Administration of the RHU

  
Clinical Director/Consultant

5-24-85  
Date



**E. Chronic Care Clinics**

1. The Corrections Health Care Administrator is responsible for monitoring a formal system to ensure inmate access to routine follow-up care. The contract vendor will implement or operate an appropriate system.
  - a. A list of inmates for each chronic care clinic will be developed and confidentially maintained.
  - b. The nurse assigned will be responsible to ensure the inmate is seen by calling the housing unit if necessary. Inmates refusing care must sign a DC-462, Release From Responsibility for Medical Treatment.
2. All clinic visits shall be documented in the record.
3. Chronic disease management shall be in accordance with established physician parameters. Refer to Chronic Disease Management Policy, 13.2.7.
4. The Corrections Health Care Administrator shall ensure that physician performance complies with the practice parameters set forth in policy.

**VII. SUSPENSION DURING EMERGENCY:**

In an emergency situation or extended disruption of normal institutional operation, any provision or section of this policy may be suspended by the Commissioner or his/her designee for a specific period of time.

**VIII. RIGHTS UNDER THIS POLICY:**

This policy does not create rights in any person nor should it be interpreted or applied in such manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility so as to be consistent with law and to permit the accomplishment of the purpose of the policies of the Bureau of Health Care Services - Department of Corrections.

2. The consolation form will be reviewed and approved by the medical director or designee and processed by the vendor site administrator.
  - a. When the appointment is made, it will be recorded in the medical record as to the time, date and with whom.
  - b. A separate log will be maintained for all scheduled outside appointments.
  - c. If it is disapproved, the medical director/designee will document justification in the medical record.
3. Pertinent medical information will accompany the inmate to the appointment.
  - a. The medical information will be placed in a sealed, "confidential" envelope and will be issued to the correctional officers assigned to escort the inmate.
  - b. Special precautions or instructions needed for the transporting correction officers shall be conspicuously noted on the outside of the envelope.
4. A schedule of routine off-site appointments will be made by the medical contract vendor in coordination with the Shift Commander at least one week in advance, so that adequate transportation and security will be available.
5. The vendor is responsible to inform the outside consultant that the inmate can not be told the date of follow-up appointments. If it is discovered that an inmate is aware of the time of an appointment, it will be rescheduled.
6. Control and the Shift Commander will be informed of cancellation or rescheduling of an appointment as soon as possible.
7. The consultant will record his/her findings and recommendations on the Consultation Record (DC-441), and it will be returned to the infirmary area at the time of the inmate's return.
8. The medical director/designee will review the consultant's recommendations within 48 hours, and order any treatments, medications and/or diagnosis testing on the appropriate DC-472, Progress Notes.

**B. Initial and Routine RHU Assessment**

1. The Medical Department shall be notified when an inmate is placed in the RHU.
2. The nurse will review the medical record for current medical, or psychiatric care and treatment.
  - a. A mental health professional will be notified by the health professional if the inmate's medical record reveals a psychiatric history.
  - b. A physician will make daily rounds in the RHU and SMU.

**C. On-Site Consultations**

1. The Corrections Health Care Administrator shall assure and vendor on-site administrator will be responsible for maintaining a list of inmates for each specific clinic.
2. There will be a nurse assigned to assist the physician in appropriate specialty clinics.
3. A contract vendor will provide on-site specialty care when six (6) or more referrals are made in a month.
4. The day prior to the clinic, the inmates who are to attend shall be notified via local procedure (call out sheet, etc.).
5. A completed Consultation Record (DC-441) (Attachment IV) and the medical record will be available to the specialist. The consultation form will provide the reason the referral was made and any pertinent information about the inmate's medical condition.
6. The medical director or designee will review the consultant's recommendations within 48 hours and order any treatments, medication or diagnosis testing on the DC-472, Progress Notes.

**D. Off-Site Consultations**

1. A consultation form will be completed by the referring physician as to the reason for the referral and any other pertinent information.

- b. Inmates who experience medical problems and who wish to be seen on sick call will be required to place a sick call request form in the locked medical box in the housing unit, or use a sign up sheet, if available. If a sign up sheet is utilized, a locked medical box in the housing unit must still be made available for those inmates desiring to use this method to obtain health care services. (Refer to Attachment I)
- c. The Correctional Health Care Administrator will assure that sick call slips are retrieved by medical staff from the locked boxes at a minimum Sunday thru Thursday (excluding the day before a holiday).

  - 1) Individual request slips will be available with the medical record for sick call.
  - 2) A master list will be initiated for each housing unit and will be utilized for scheduling sick call (Attachments II & III), or suitable local substitute. Medical information is confidential and is not to be included on the master sick call request forms.
  - 3) No shows are to be documented in the medical record.
  - 4) Sick call request slips may be destroyed after the inmate is seen or fails to show as scheduled.
  - 5) The sick call master list will be retained by the medical records supervisor for three years.
- d. A licensed health care professional will conduct sick call.

  - 1) A physician assistant will conduct routine sick call.
  - 2) Any inmate who requires care beyond the scope of the physician assistant will be referred to the physician.
  - 3) Non-scheduled inmate encounters will be assessed by a registered nurse. He/She will utilize necessary protocols written by the medical director. Any medical intervention requiring a higher level of care will be referred to a physician assistant or physician.
- e. All medication lines and sick call lines will be conducted in areas where the inmates waiting for services are protected from the elements, including cold.

**Disciplinary Custody** - The maximum restrictive status of confinement to which inmates found guilty of Class I misconduct may be committed.

**On-Site Consultations** - Physician services in a particular specialty that are provided in the facility due to the number of inmates presenting with a problem requiring specialized care.

**Off-Site Consultations**- Physician services in a particular specialty ordered by a physician not provided on site either because highly specialized diagnostic equipment is not available or the number of referrals per month do not warrant on site consultations.

**Restricted Housing Unit (RHU)** - Designated area or housing unit for inmates assigned to disciplinary or administrative custody status.

**Sick Call** - A regularly scheduled process whereby licensed health care staff respond to inmates' health care needs and requests regardless of housing status.

**V. POLICY:**

It is the policy of the Department of Corrections, to provide access to medical and dental care via a sick call system. Access to emergency care is available 24 hours a day. All inmates who are segregated for pre-disciplinary, disciplinary, or investigative reasons, have daily access to health care and record review upon admission to segregation. All Department of Corrections Medical Departments will provide specialty consultations. Off-site specialty consultations will be provided in accordance with regularly scheduled follow-up care.

**VI. PROCEDURES:**

**A. Sick Call**

1. Sick Call is readily available to all inmates.

**POLICY STATEMENT**

Commonwealth of Pennsylvania • Department of Corrections

Policy Subject: <b>ACCESS TO HEALTH CARE</b>		Policy Number: <b>13.2.3</b>
Date of Issue: <b>May 31, 1995</b>	Authority: <i>Hester F. H.</i>	Effective Date: <b>June 30, 1995</b>

**RECEIVED****JUN 5 1995****I. AUTHORITY:****SCI RETREAT  
SUPERINTENDENT'S**

The Authority of the Commissioner of Corrections to direct the operations of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, Act of April 9, 1929, P.C. 177, No. 175, as amended.

**II. PURPOSE:**

The purpose of this policy is to establish procedures for inmates to access medical and dental care.

**III. APPLICABILITY:**


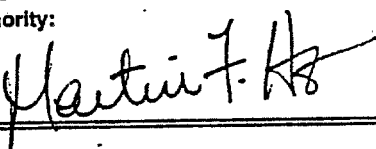
This policy and any resultant procedure(s) are applicable to all medical areas within the Department of Corrections facilities and all employees, both State-employed and Contract providers, who are authorized to provide inmate care and those who utilize the Department of Corrections equipment and facilities.

**IV. DEFINITIONS:**

**Administrative Custody** - A status of confinement for non-disciplinary reasons which provides close supervision, control, and protection more than is provided for in general population.

**Chronic Disease Clinic** - Regularly scheduled follow-up physician care structured in accordance with diagnostic - specific parameters for those inmate's with a particular chronic disease.



		<b>BULLETIN</b> Commonwealth of Pennsylvania • Department of Corrections	
<b>To:</b> Executive Deputy Commissioner Regional Deputy Comm. Executive Staff Superintendents Boot Camp Commander	<b>Policy Subject:</b> Access to Health Care		
	<b>Policy Number:</b> 13.2.3-1		
	<b>Policy Issue Date:</b> 5/31/95		
<b>Date of Issue:</b> 8/01/95	<b>Authority:</b> 	<b>Effective Date:</b> 8/01/95	

Page 4, Para. B., 2., b., is revised to delete the requirement that "a physician will make daily rounds in the RHU or SMU". The revision will now reflect that "RHU rounds will be made daily by either a physician or physician assistant".

A physician must visit the RHU at least once per week.

xc: Deputy Wilson  
 Deputy Piazza  
 Mr. Mataloni  
 File

\* Distribute policy & bulletin to appropriate staff.

**RECEIVED**

**AUG 7 1995**

**SCI RETREAT  
 SUPERINTENDENT'S  
 OFFICE**

Revised Health Care Policy and New Bulletin  
Page 2

March 12, 1996

**New Bulletins:**

**13.2.3-2 Access to Health Care** - Consultant's recommendations must be reviewed by the medical director or his designee within 48 hours of receipt by the institution.

When a consult is written, it must be reviewed and approved by the medical director or his designee within 5 days from date the consult was written.

**6.7.9-1 Reporting of Extraordinary Occurrences** - The Bureau of Health Care Services is responsible for maintaining a database on inmate deaths. It is imperative that the "interim fax" regarding an inmate death is faxed to the Bureau of Health Care Services.

Please assure that appropriate staff are provided copies of this policy and bulletins for review, implementation and inclusion in Administrative Manual, Volume 13 and Volume 6. Thank you for your cooperation.

Attachments

RC/KZ/JMM

file: new-polb.m03

EXHIBIT

B



*HJ*

**Bulletin**  
Commonwealth of Pennsylvania • Department of Corrections

<b>To:</b> Superintendents Boot Camp Commander CCC Regional Directors Executive Staff	<b>Policy Subject:</b> ACCESS TO HEALTH CARE	
	<b>Policy Number:</b> 13.2.3-2	
<b>Policy Issue Date:</b> May 31, 1995		
<b>Date of Issue:</b> March 12, 1996	<b>Authority:</b>	<b>Effective Date:</b> March 12, 1996

The purpose of this bulletin is to amend:

Section V.I.C.6 and Section V.I.C.8, Procedures: The medical director or designee will review the consultant's recommendations within 48 hours of receipt by the institution and order any treatments, medication and/or diagnostic testing on the DC-472, Progress Notes.

Section V.I.D.2., Procedures: The consultation form will be reviewed and approved by the medical director or designee within 5 days from date the consult was written.

Inmates must be seen by the specialty care provider within 30 days of the approval by the medical director for on-site services, and within 60 days for off-site services.

**RECEIVED**

**DEC 17 1997**

**SCI RETREAT  
SUPERINTENDENT'S  
OFFICE**

xc: Deputy Lavan  
 Deputy Piazza  
 Mr. Mataloni  
 File

\* Distribute to appropriate staff.

Set example for medical department by reporting to work on time and being present at meetings.

Meet deadlines for assignments and do assignments in quality manner.

Recommends performance of repairs and modifications to medical facility. Prepares requisitions for supplies and equipment, and, establishes a system of control for the storage and dispensing of pharmaceuticals.

Act as staff advisor to the Superintendent on matters regarding the health and welfare of inmates and the physical condition of employees as it affects their ability to perform work.

Interviews and recommends paraprofessional and professional health care applicants. Participates in the recruiting of professional medical staff, prepares work schedules, develops work standards, evaluates work performance, resolves grievances, takes disciplinary action, and recommends suspension and dismissal action.

Supervises assigned inmate workers through custody staff, including responsibility and accountability for their work actions and security.

Supervisors the office management functions, including the maintenance of medical records.

Participates in the negotiation of contracted regional health care services for the purposes of providing a full line of clinical services (such as ENT, Ophthalmology, urology, neurology, orthopedic, dermatology, podiatry, cardiovascular, physician assistants, internal medicine, infectious disease, and general practitioner).

Consults with medical professional staff and schedules transfer of inmates from own or other institutions to provide surgical, clinical, and outpatient psychiatric services.

Performs related work as required.

Monitor the medical contractor to assure services are being provided in accordance with the current contract/RFP.

Submit Monthly Contract Monitor Reports to the BHCS Medical Contract Monitor to document areas of noncompliance.

Monitor and approve payment of hours worked by the contract staff.

Approve and submit Monthly Hours and Inmate Count reports as invoicing payments. Include all approved penalties on the Monthly Hours report.

Assist in determining the amount of medical services needed for the institution and make recommendations for staffing changes to the BHCS Medical Contract Monitor.

**Joseph Mataloni, C.H.C.A.**

**Job Description**

Work closely with the Vendor Site Administrator to assure medical services are being provided and current policies and standards are being met.

Review and approve all hospital invoices to assure that the services were medically necessary and actually provided.

Resolve contract noncompliance issues and report appropriate penalties to the BHCS Medical Contract Monitor.

24-hour daily basis, 7 days a week including pre and post operative care, physical examinations, medical and surgical treatment, dentistry, nursing care, physical therapy, dietary service, psychiatry, medical and x-ray technology, and medical records maintenance. Directs, through subordinate supervisors all activities associated with operation of a state correctional institution infirmary and licensed inpatient mental health unit.

Oversee inmate janitors, professional and paraprofessional health care personnel, and contracted medical or mental health services.

Plan, organize, assign, and evaluate work of subordinates to obtain maximum efficiency and achievement of desired results.

Acts as staff advisor to the Superintendent on matters regarding the health and welfare of inmates and the physical condition of employees as it effects their ability to perform work.

Ability to establish and maintain effective working relationships with medical staff and other institution personnel.

Ability to express ideas clearly and concisely both orally and in writing.

Meets with the Superintendent in a quarterly meeting, addressing the effectiveness of the health care system, any health environment factors, and any condition that poses a danger to staff or inmate health safety. Statistical summaries/reports will indicate health services by category (e.g. operative procedures, referrals to specialists, ambulance services, etc.)

Communicates with contracted medical services and institution staff-both subordinate and administrative. This involves matters such as the general level of medical care, outside hospitalization and consultative services, as well as regular contract physicians who visit the institution on a regular basis or provide required medical services.

Acts as a member of the executive staff to carry out Bureau of Health Care Services' goals and objectives. Acts as institution liaison for the Bureau of Health Care Services in relating local needs.

Prepares and submits annual budgetary requirements to the Bureau of Health Care Services, including personnel needs.

Implements and monitors the Bureau of Health Care Services' recommended quality assurance program and it pertains to all health care operations. Prepares and submits statistical reports to health care section with analysis as necessary.

Demonstrates knowledge of management theory by exercising equitable, objective treatment of all subordinate staff.

Shows willingness to assess staff weaknesses and sets plan of action to develop areas of weakness.

Encourages team concepts in working with staff, and, interacts in a positive manner. Sets a good example to staff by dealing with own frustrations.

### **Joseph Mataloni, CHCA**

#### **Job Description**

Be cognizant of all security rules and regulations as they apply to operations of health care in the prison environment.

Encourage wellness of all staff and inmates by advising of any health hazards in the environment and act as education resource for the institution on health matters.

Work is assigned both verbally and in writing. Standards and objectives are established and reviewed in accordance with the Employee Performance Review. Day to day supervision is accomplished through regular meetings, review of written work and frequent informal consultation.

8. If this is a supervisory position, briefly describe how work is assigned to subordinate personnel and how their work is reviewed. (If this is not a supervisory position, leave blank.)

The Corrections Health Care Administrator's duties at SCI Retreat includes the oversight and monitoring of all services delivered by a contract vendor, as well as the coordination of those services with facility staff, training and inspections. Supervision is by a combination of formal meetings and frequent informal consultations.

9. Attach an Organizational Chart identifying all reporting relationships for this position.

See attached.

10. Attach a statement identifying the essential functions of the positions.

#### CERTIFICATION

I certify that to the best of my knowledge all statements contained within the job description are correct: This job description  
Consists of \_\_\_\_ pages. (count this form as 1 page)

Employee's Signature	Class Title	Date
Immediate Supervisor's Signature	Class Title	Date
Reviewing Officer's Signature	Class Title	Date

#### **Joseph Mataloni, C.H.C.A. Job Description**

Plans, organizes, directs, administers, and manages health care services for inmates in the treatment of illness, diseases, and injuries per Bureau of Health Care Services' standards, guidelines and directives c



EXHIBIT

tabbies

A

COMMONWEALTH OF PENNSYLVANIA  
STD-370 REV. 10-96

## JOB DESCRIPTION

1. Name of Employee (Last, First, MI)

MATALONI, Joseph P.

2. Employee Number

447322

041810

3. Department

Corrections

Bureau

SCI Retreat

Division

Centralized Services

Headquarters

Medical

Organization

6500

4. Class Title

Corrections Health Care Administrator

Working Title

Health Care Administrator

Class Code

47660

5. Regular Work Schedule

Start Time: 0800

Lunch Length: 1/2 hr.

End Time: 1600

Hours/Week: 37.5

Position is:

☒

Full-Time

☒

Permanent

☐ Part-Time☐ Temporary

Reports to:

Name

Joseph J. Piazza

Class Title

Deputy Corrections Superintendent I

Days Worked (check all that apply):

S

M

T

W

Th

F

S

☒☒☒☒☒☒

Explain any schedule variations:

6. Describe the work assigned to this position, listing the critical duties and responsibilities first. Explain work in familiar terms and include machines or equipment used. Use additional paper if needed.

7. Briefly describe how work is assigned to this position and how the work is reviewed.

## Exhibits

- A. Health Care Administrator Job Description – 4 pages
- B. DOC Policy 13.2.3, with updates – 14 pages
- C. Emergency Room Doctor Report – 2 pages
- D. Misconduct proceedings, #171986 – 4 pages
- E. Personal Reports by Hazlak – 4 pages
- F. Unit Manager Job Description – 3 pages
- G. (There is no Exhibit G)
- H. Food Services Manager I Job Description – 4 pages
- I. 5/25/00 memo signed by O'Brien – 2 pages
- J. Williams kitchen fall grievance – 6 pages